

<b>EPA</b> United States Environmental Protection Agency		<b>FORM R</b> Section 313 of the Emergency Planning and Community Right-to-know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act.		TRI Facility ID Number <b>50677KHRNG10612</b> Toxic Chemical, Category, or Generic Name <b>Chromium</b>	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) <b>[ RR5 ] [ ]</b>		Withdrawal (Enter up to two code(s)) <b>[ ] [ ]</b>	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR: <b>2015</b>					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? <input type="checkbox"/> Yes (Answer question 2.2; attach substantiation forms) <input checked="" type="checkbox"/> NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized (Answer only if "Yes" in 2.1)			
SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.) I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.					
Name and official title of owner/operator or senior management official: <b>Dean Barley VP &amp; GM Terex Cranes Americas</b>		Signature: <b>Reference Copy: Copy of Record Resides in CDX</b>		Date Signed: <b>2017-08-04</b>	
SECTION 4. FACILITY IDENTIFICATION					
4.1 Facility or Establishment Name <b>TEREX USA LLC</b>		TRI Facility ID Number <b>50677KHRNG10612</b>			
Street <b>106 12TH ST SE</b>		Mailing Address (if different from physical street address)			
City/County/Tribe/State/ZIP Code <b>WAVERLY / Bremer / BIA Code: / IA / 50677</b>		City/State/ZIP Code / /		Country (Non-US)	
4.2 This report contains information for : ( Important: check a or b; check c or d if applicable)		a. <input checked="" type="checkbox"/> An Entire facility		b. <input type="checkbox"/> Part of a facility	
		c. <input type="checkbox"/> A Federal facility		d. <input type="checkbox"/> GOCO	
4.3 Technical Contact name <b>James Hanley</b>		Email Address <b>James.Hanley@TEREX.COM</b>		Telephone Number (include area code and ext.) <b>425-497-5765</b>	
4.4 Public Contact name <b>MR. DEAN BARLEY</b>		Email Address <b>DEAN.BARLEY@TEREX.COM</b>		Telephone Number (include area code and ext.) <b>319-352-9391</b>	
4.5 NAICS Code(s) (6 digits) a. <b>333120 (Primary)</b>		b.		c. d. e. f.	
4.6 Dun and Bradstreet Number(s) (9 digits) a. <b>NA</b> b.					
SECTION 5. PARENT COMPANY INFORMATION					
5.1 Name of U.S. Parent Company (for TRI Reporting purposes) <b>TEREX CORP</b>		No U.S. Parent Company (for TRI Reporting purposes) <input type="checkbox"/>			
5.2 Parent Company's Dun & Bradstreet Number NA <input type="checkbox"/> <b>022574552</b>					

\*\*\* Do not send to EPA: This is the final copy of your form.\*\*\*

<b>EPA FORM R</b> <b>PART II. CHEMICAL - SPECIFIC INFORMATION</b>		TRI Facility ID Number <b>50677KHRNG10612</b>	
		Toxic Chemical, Category, or Generic Name <b>Chromium</b>	

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) <b>007440473</b>
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) <b>Chromium</b>
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive). <b>NA</b>

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, spaces, and punctuation.) <b>NA</b>
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SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY (Important: Check all that apply.)

3.1 Manufacture the toxic chemical: a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import	3.2 Process the toxic chemical: a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input checked="" type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity	3.3 Otherwise use the toxic chemical: a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input type="checkbox"/> Ancillary or other use
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SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	<b>04</b> (Enter two-digit code from instruction package.)
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SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions NA <input type="checkbox"/>	<b>0.1</b>	<b>E1</b>	
5.2	Stack or point air emissions NA <input type="checkbox"/>	<b>0</b>	<b>O</b>	
5.3	Discharges to receiving streams or water bodies (Enter one name per box)			
	Stream or Water Body Name	Reach Code (optional)		
5.3.1	<b>Cedar River</b>	<b>07080201000043</b>	<b>0</b>	<b>100%</b>

\*For Dioxin and Dioxin-like Compounds, report in grams/year

\*\*Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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<b>EPA FORM R</b> <b>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</b>		TRI Facility ID Number		
		50677KHRNG10612		
		Toxic Chemical, Category, or Generic Name		
		Chromium		
SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)				
		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3.A	RCRA Subtitle C surface impoundments	[X]		
5.5.3.B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		
SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS				
6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)				
				NA [X]

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						Toxic Chemical, Category, or Generic Name <b>Chromium</b>	
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS						NA <input type="checkbox"/>	
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)						<b>IAW000000208</b>	
Off-Site Location Name:						<b>ALTER TRADING</b>	
Off-Site Address:						<b>1500 W. AIRLINE HIGHWAY</b>	
City	<b>WATERLOO</b>	County	<b>Black Hawk</b>	State	<b>IA</b>	ZIP	<b>50703</b>
						Country (Non-US)	
Is location under control of reporting facility or parent company?						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
A. Total Transfer (pounds/year*) (Enter range code** or estimate)		B. Basis of Estimate (Enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)			
1. <b>3325</b>		1. <b>C</b>		1. <b>M93</b>			
6.2.2 Off-Site EPA Identification Number (RCRA ID No.)						<b>IAD075848086</b>	
Off-Site Location Name:						<b>Black Hawk County Landfill</b>	
Off-Site Address:						<b>1509 E Washburn Rd</b>	
City	<b>Waterloo</b>	County	<b>Black Hawk</b>	State	<b>IA</b>	ZIP	<b>50701</b>
						Country (Non-US)	
Is location under control of reporting facility or parent company?						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
A. Total Transfer (pounds/year*) (Enter range code** or estimate)		B. Basis of Estimate (Enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)			
1. <b>1</b>		1. <b>O</b>		1. <b>M64</b>			
SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY							
<input checked="" type="checkbox"/> Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.							
a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence (enter 3-character code(s))			c. Waste Treatment Efficiency Estimate			

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<b>EPA FORM R</b> <b>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</b>		TRI Facility ID Number <b>50677KHRNG10612</b>			
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SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES  
☒ NA - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.  
 Energy Recovery Methods [Enter 3-character code(s)]

SECTION 7C. ON-SITE RECYCLING PROCESSES  
☒ NA - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.  
 Recycling Methods [Enter 3-character code(s)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	NA	0.1	0.1	0.1
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	1	1	1
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery on-site	NA	NA	NA	NA
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	4907	3325	4500	4700
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	NA	NA	NA	NA
8.8	Non-production-related waste managed**		NA		
8.9	<input checked="" type="checkbox"/> Production ratio or <input type="checkbox"/> Activity ratio (select one and enter value to right)		0.68		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.		NA <input checked="" type="checkbox"/>		
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

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\*\* Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

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Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment
B7 - No known substitutes or alternative technologies.	No Comment Provided

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment
Production or Activity Variable	Decrease in orders

